

September 14, 2000

Refer to:
MB:JG
KS WA 0320.90

Janet Schalansky, Secretary
Department of Social and Rehabilitation Services
Docking State Office Building
915 Harrison
Topeka, Kansas 66612

Dear Ms. Schalansky:

I am pleased to inform you that your request to renew Kansas' home and community-based services waiver for Children with Severe Emotional Disturbance (SED) is approved and is authorized under the provisions of Section 1915(c) of the Social Security Act. This waiver has been assigned control number 0320.90.

Based on the assurances and additional information provided, the waiver renewal request is approved for a 5-year period, effective October 1, 2000 to September 30, 2005.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>X</u>	<u>D</u>	<u>Total</u>
(10/01/2000 - 09/30/2001) Year 4	1,325		348	\$461,100
(10/01/2001 - 09/30/2002) Year 5	1,325		353	\$467,725
(10/01/2002 - 09/30/2003) Year 6	1,325		359	\$475,675
(10/01/2003 - 09/30/2004) Year 7	1,325		363	\$480,975
(10/01/2004 - 09/30/2005) Year 8	1,325		371	\$491,575

This waiver renewal request conforms to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Joe Tilghman
Regional Administrator

cc: Bob Day
John Bieberly
Patrick Dickey
bcc: Luce
Taggart
Patterson
Barraza
M J Duckett, CO
GLAZE:jg 09/08/00 KS320.90.rew

Home and Community-Based Services
WAIVER INITIAL/RENEWAL/MODIFICATION

EXECUTIVE SUMMARY

STATE: KANSAS

WAIVER NO. 0320.90

20th day 07/19/00 32nd Day 07/31/00 90th Day 09/27/00

CO Analyst _____

1. **TYPE OF REQUEST** (check one)

Initial ____ Renewal XX Amendment/Modification _____

2. **TARGET POPULATION** (check those appropriate)

___ AGED	___ PHYSICALLY DISABLED
XX CHILDREN (ages covered) Ages 4-18, up to 22 if they meet functional eligibility criteria	___ AGED DISABLED
___ ADULTS	___ MR
___ DD	
XX MENTALLY ILL/HEALTH	___ MR/DD
___ TBI	___ AIDS
___ CONSUMER DIRECTED	___ TECHNOLOGY/MEDICALLY FRAGILE
___ HEAD INJURED	___ OTHER

3. **WAIVER SERVICES** (Show all services. (*****) Those added by current action.)

Wrap-around facilitation/community support, independent living/skills building services, parent support and training, respite care

4. **IMPORTANT DATES**

Date Current Action Received by RO/CO 06/29/00

Initial Waiver # 0320 Approved 06/16/97 Effective 07/01/97

Amendment/Modification # 0320.01 Approved 03/05/98 Effective 10/01/97

EXTENSION time frame _____

5. **CHANGES REQUESTED**

The State revised the initial clinical eligibility determination to modify the minimum age of a recipient, and the threshold score of standard instrument used to assess behavioral functioning. The renewal changed the minimum age from birth to age four.

6. **CURRENT ACTION RECOMMENDATION** - APPROVAL ____ DISAPPROVAL ____
Rationale:

The State of Kansas submitted the renewal for children with severe emotional disturbance with the modifications stated above. The Medicaid waiver team has reviewed the renewal request and recommends approval effective with October 1, 2000.

The Medicaid Division waiver review team has reviewed the above waiver and has found that the proposed waiver action meets the requirements of the Act and Regulations.

<u>Waiver Team Member</u>	<u>Signature</u>	Phone	<u>Date</u>
Jackie Glaze, Team Leader	_____		
Sharon Patterson, Quality Assurance	_____		
Leticia Barraza, Finance	_____		
Tim Watson, Services	_____		
Sharon Taggart, Coordinator	_____		